

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043919

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6339

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 10 1963

VS 300
Rev. 4/59

1
2 8150
3
4 0
5 1
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7 1
8 2
9 193.0
10
11
12 76.0
13

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY SALINE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MISSOURI		Length of stay in 1b 45 Days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital, Kc, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES F. FOX		4. DATE OF DEATH Month Day Year NOVEMBER 21, 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/11/97
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY RETIRED	
11. BIRTHPLACE (City and state or country) WALKER, KANSAS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME CHARLES M. FOX		13b. MOTHER'S MAIDEN NAME MARY WELSHECK	
14. NAME OF HUSBAND OR WIFE MRS ALICE FOX		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 7/21/18 to 8/11/19	
16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT MRS ALICE FOX, Address SALINA, KS. VA HOSPITAL RECORDS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIO RESPIRATORY FAILURE DUE TO (b) (GLIOBLASTOMA) BRAIN TUMOR DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21a. attended the deceased from 10/7/63 to 11/21/63 and last saw him alive on 11/21/63		Death occurred at 4:25 PM 11/21/63 m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE David L. Spalding, M.D.	22b. ADDRESS VAH KC, MO.	22c. DATE SIGNED 11/21/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11/22/1963	23c. NAME OF CEMETERY OR CREMATORY Salina Cemetery	23d. LOCATION (City, town, or county) (State) Salina, Kansas
24. FUNERAL DIRECTOR R.A. Fulton, Kansas City, Kansas		25. DATE RECD. BY LOCAL REG. 11-22-63	26. REGISTRAR'S SIGNATURE Bessie Smith

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

BY AFFIDAVIT OF

David L. Spalding, M.D.

DEC 1 1 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P.O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.